

# PENNSYLVANIA

## MAIL-IN VOTER REGISTRATION APPLICATION

Shaded Areas Not Required

You can use this form to: • register to vote • report that your name or address has changed • register with a party Please print in blue or black ink				This space is for official use only.			
1	Mr. Mrs. Miss. Ms.	Last Name	First Name		Middle Name(s)	(Circle one) Jr Sr II III IV	
2	Address (see instructions) — Street (or route and box number)			Apt., or Lot #	City/Town	State	Zip Code
3	Address Where You Get Your Mail If Different From Above (see instructions)				City/Town	State	Zip Code
4	Date of Birth ____/____/____ Month Day Year		5	Telephone Number (optional)		6 ID Number (see item 6 in the instructions for your State)	
7	Choice of Party (see Item 7 in the instructions for your State)				8	Race or Ethnic Group (see item 8 in the instructions for your State)	
9	I swear/affirm that: • I am a United States citizen • I meet the eligibility requirements of my state and subscribe to any oath required. (See item 9 in the instructions for your state before you sign.) • The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine or imprisonment or both under Federal or State laws.				Please sign full name (or put mark) ↓  X  Date: ____/____/____ Month Day Year		
10	If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).						

### Please fill out the sections below if they apply to you.

Fold here

If this application is for a **change of name**, what was your name before you changed it?

A	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
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If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

B	Street (or route and box number)	Apt., or Lot #	City/Town	State	Zip Code
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If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

C	<ul style="list-style-type: none"><li>Write in the names of the crossroads (or streets) nearest to where you live.</li><li>Draw an X to show where you live.</li><li>Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.</li></ul>		NORTH ↑
	Example	Route #2	
	Public School*	X	

DD Form 2644, NOV 94

Complete all Items 1 through 10 that are **not** shaded. **Sign and date** the form.

**Item 2:** If this is the first time you are registering from this address, print the address where you were registered before in Item B. Do not use a post office box or rural route without a box number.

**Item 3:** Complete this item only if your mail address is different from Item 2.

**Item 6:** Leave blank.

**Item 7:** You must register with a party if you want to take part in that party's primary election.

**Item 8:** You are requested to fill in this box. However, your application will not be rejected if you fail to do so. Put in Box 8 the choice that best describes you from the list below:

American Indian *or* Alaskan Native; Asian *or* Pacific Islander *not* Native Hawaiian; Black, *not of* Hispanic Origin; Hispanic; Multi-

racial; Native Hawaiian; White, *not of* Hispanic Origin; Other.

**Item 9:** To register in Pennsylvania you must:

- be a citizen of the United States at least one month before the next election
- be a resident of Pennsylvania and your election district at least 30 days before the election
- be at least 18 years of age on the day of the next election
- not have been confined in a penal institution for the conviction of a felony within the last 5 years.

*In addition, if this form is used for:*

**A. NAME CHANGE:** Complete Item A.

**B. ADDRESS CHANGE:** Complete Item B.

**C. VOTING RESIDENCE PHYSICAL DESCRIPTION:**

Complete Item C if it is needed to clarify the physical location of voting residence (legal).

**A. WHAT TO DO**

- (1) Provide the *Mail-In Voter Registration Application*, DD 2644 and *Voter Registration Information*, DD 2645, to prospective enlistee.
- (2) Assist eligible citizens in completing the *Mail-In Voter Registration Application*, DD 2644, unless the eligible citizen refuses assistance.
- (3) Send the completed *Mail-In Voter Registration Application*, DD 2644, to the address in the “Where To Send It” listed below.

**B. WHEN TO SEND IT**

A completed *Mail-In Voter Registration Application*, DD 2644, must be sent no later than 5 days after the day of acceptance. Refer to Appendix E for state registration deadlines.

**C. WHERE TO SEND IT****Mail To:**

Office of the Secretary of the Commonwealth  
303 North Office Building  
Harrisburg, PA 17120-0029

**D. RECORDS REQUIRED**

Recruiters must collect and maintain the following information in accordance with procedures established by respective recruiting commands.

Total number of “persons” that include the following:

- (a) Total persons assisted for recruiting services.
- (b) Total persons assisted for Voter Registration Applications.
- (c) Total *Mail-In Voter Registration Application* forms, DD 2644, completed.
- (d) Total *Voter Registration Information* forms, DD 2645, completed. This form must be retained for 24 months.

**E. QUESTIONS AND ASSISTANCE**

In the event assistance from the next higher command is not available, the Federal Voting Assistance Program can be reached at 800 438-VOTE (8683) or e-mail at **[nvra@fvap.ncr.gov](mailto:nvra@fvap.ncr.gov)**.